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## Diagnosis and Surgical Interference of Brain Tumors.

(PRESIDENT'S ADDRESS.)

Delivered at the joint meeting of the Eastern Kansas and Golden Belt Medical Societies at Topeka, April 7, 1892,

BY

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PRESIDENT OF THE EASTERN KANSAS MEDICAL SOCIETY.

Many authors claim that the existence of tumors of the brain can be easily diagnosed and localized with perfect accuracy. Yet Pepper gives 100 cases, no two of which have the same symptoms. It is a fact that the variety of tumors may have something to do with the variety of symptoms, and some authors are at their wits' ends to differentiate tumors from many other diseases of the brain, hysteria being one of them. Many physicians have been surprised on post mortems to find a tumor of the brain when they had been treating the case for hysteria.

In most cases, there is severe headache, vertigo, vomiting and paralysis, but the exceptions are so many that you can hardly put them down as certain diagnostic symptoms; yet each appear at some time during the progress of the disease. For example: Joe J., an old soldier and pensioner for wound of left side, the deltoid muscle of left shoulder having been severed, and also a large ventral hernia three inches in diameter just below the floating ribs of left side. Since the war had been a farmer, but his physical condition was such that he had to seek easier employment. Was employed as guard at Kansas penitentiary. Nothing unusual was observed in his manner, except somewhat absent-minded. Complained of pain in parietal portion of brain at intervals. Attended the reunion in Topeka, and while there had an apoplectic seizure on the grounds and remained insensible about fifteen hours, when he recovered rapidly, and came home during the afternoon of second day. Nothing unusual was noted in his appearance, gave a graphic description of his treatment, etc., etc.

Nearly a month afterward I was called to see him, he having had during the night a heavy chill and considerable exascerbation of temperature, with headache and other symptoms of malaria, and treated him accordingly. The next day he was up and around the house; no fever, but felt weak and complained of pain in one spot on superior post parietal region. On examination, I found pupil of right eye contracted and left dilated, and the next day found the condition reversed, the left contracted and the right dilated, with slight paralysis of left arm. The following day the paralysis gone, having good use of limb, and able to walk about the room. Upon percussion, I found the skull tender over the exact spot where he complained of pain at the first onset. There was no vomiting at any time. I then made up my mind to the existence of a tumor in that region of the brain, and so informed him, and requested that I should have council. He sent for Dr. Wever, chief surgeon at the National Home of Invalid Soldiers. After his examination, he would not express an opinion, only that the result would be fatal. I so informed the patient, and told him there was not one chance in a thousand for him to recover. His reply was characteristic of the man: "I'll take that chance."

He remained in about the same condition for about ten or fifteen days, no rise in temperature, appetite fairly good, urine normal, bowels regular, and he would often say, "Doctor, you have missed it this time."

Soon after this I noticed that there was slight paresis of the tongue, could not use

the tongue, and could not articulate well, and was inclined to sleep most of the time, but on being aroused seemed perfectly conscious of everything, and conversed on different subjects rationally. Finally, the whole left side became paralyzed, pupil of left eye contracted and not susceptible to light, and sensation dulled. The following night he had a convulsion and died about ten A. M.

At the autopsy, after removing the skull cap, the dura mater appeared normal. Commencing forward, we removed the dura mater, and found nothing abnormal except slight congestion, until we came to the post parietal region, where we found the dura adherent, and by lifting it up removed a tumor about three-fourths of an inch in diameter, and about three inches in length. The brain was broken down in a semi-elliptical form for over three inches in length, and one and one-half inches in width. We made a section of the brain, and found the apex of tumor in fourth ventricle. Subsequent inquiry revealed the fact that twenty-five years before, while in the line of duty, he was struck by a can of fruit from a member of a mob which he was ordered to disperse. He was knocked senseless and remained insensible for four days. Since that time has had four apoplectic strokes at intervals of four or five years. Could this tumor have been the result of that traumatism?

As for the treatment, I am willing to admit that I know of none except operating with the trephine, and in such a case as I have described it would have been folly.

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## Report of Case of Puerperal Eclampsia.

Read before the Eastern Kansas Medical Society, Leavenworth, Oct. 12, 1891,

By Dr. J. T. SCOTT, Holton, Kansas.

Was called May 26, 1891, at 5 P. M., to attend Mrs. I., in labor with her fourth child. Her age is 32, of low stature, and weighs 180 pounds. Previous health had been good. Her two first labors were terminated with the forceps; the third, which occurred three years ago, was natural. I found her suffering with a severe frontal headache, face flushed, and œdematous feet and limbs. Anasarcus, pulse 100, temperature 101° I learned that the urinary secretion had been scant for some time, and obtained a specimen and found that it had a smoky appearance. The specific gravity was 1014, and it contained albumen. Uterine contractions were regular and labor proceeding favorably, with the vertex presenting. With these conditions before me, I made preparations to meet a case of eclampsia. I gave her a full dose of chloral hydrate, and labor went on rapidly, terminating at 6:30. Quite a free hemorrhage followed the expulsion of the placenta, but was easily controlled.

After cleaning her bed and adjusting a bandage, she expressed herself as feeling comfortable. Pulse 85, temperature 100°. Gave her spts. mindereris, spts. nit. and digitalis, and instructed the husband to send for me if she grew worse. Visited her at 9 A. M. on the twenty-seventh, and found her sitting up in bed. She had just partaken of a light breakfast; said she had passed a restful night and was feeling quite well. Pulse 74, temperature 99°; tongue coated; swelling in face and limbs disappearing, and kidneys acting better. Ordered a dose of sulph. magnesium, and continued the previous prescription.

At four o'clock in the afternoon I was hastily summoned, the messenger stating that Mrs. I. was dying. I asked my partner, Dr. McCandless, to see the case with me. When we arrived, we found her having a severe convulsion. We administered one-half grain morphine and gave chloroform to control convulsion. The nurse informed us that she had rested well until 3 P. M. While patient was pleasantly conversing with a friend, without the slightest premonition, she was seized with convulsions, this present one being the fourth that she had. Her pulse now was 140, and temperature 103°. We gave five drops each of tr. ver. vir. and fld. ext. gelsemium every half hour. After an interval of an hour the convulsions returned, but not so severe. The morphia

and chloroform were again resorted to. The sedatives were continued for two hours, when the pulse came down to 100. We then gave it in one-half size dose, same interval, for two hours more, when the pulse rate was 70. Profuse perspiration and a copious discharge from the bowels in response to a fifteen-grain dose of calomel given some hours before. Stopped sedatives and gave arom. spts. ammon. and tr. digitalis every two hours.

Called at 8 A. M. on twenty-eighth. Found patient doing well, pulse and temperature normal. Prescribed acet. pot. and tr. dig. every four hours. From this time she steadily improved, and is now in her usual health.

I have endeavored to report this case as it occurred, not claiming anything new in the cure or its management, except it seemed unusual to have eclampsia appear so long after delivery.

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## Cephalhæmatoma.

(A case of sub-pericranial blood tumor in the new born child.)

Read before the Eastern Kansas and Golden Belt Medical Societies. Topeka, April, 1892,

BY

O. D. WALKER, B.S., M.D.,

PHYSICIAN HASKELL INSTITUTE, LAWRENCE, KANSAS.

The case I am about to report fell into my hands by accident; it is out of my line at present. My practice for two years and a half has been confined to the Indians and employes of Haskell Institute, and a few families of friends outside. During this time I have not had a case of obstetrics, and my practice among very young children has been virtually *nil.*

My desire in reporting this case is to call the attention of this society to one of the most important and as yet but early recognized diseases of very young childhood. Dr. Kelly, of Baltimore, says: "Few men outside of the rank of pure specialists are aware that such a disease as cephalhæmatoma exists. Cases which occur in the practice of the general practitioner are diagnosed and treated by him upon 'general principles.'"

The literature upon the subject is very meagre. In several works upon obstetrics the subject was scarcely mentioned, and in none that I consulted was I able to find a satisfactory description of the disease. And if, as Bouchacourt says, the disease occurs once in 250 newly-born children, the subject is certainly an important one; for a man with a moderate obstetrical experience will be likely to have one or more cases, the treatment of which demands decision as to their nature and the course to be pursued.

Cephalhæmatoma is a circumscribed blood tumor, lying between the periosteum and one of the flat cranial bones, usually appearing from a few hours to a few days after birth, gradually increasing in size till it forms a tense round or ovoid swelling. The commonest seat of these tumors is over one or both parietal bones, but owing to the fact that the periosteum is more firmly united at the sutures, the tumor never crosses a suture, but is confined to a single bone. We may have double or even multiple cephalhæmatoma.

The skin over the tumor remains normal in appearance, is painless, except as in my case where continued pressure caused restlessness. We have no pulsation, no perceptible decrease on pressure, nor increase in size when the child cries, differentiated in these respects from meningocele.

In a few days, generally, (but in my case weeks,) there appears a hard, bony rim around the tumor, one or two millimeters in height, which gradually becomes more prominent, the tumor receding through this craterous like opening, simulating somewhat a depressed fracture of the skull.

The disease is much more common in males than in females, according to Bouchard in the proportion of thirty-four to nine. Why of greater frequency among boys, I have seen no explanation.

As to the exciting causes, there is a difference of opinion. Some think it due to intra-uterine causes, while others think it due to injury, however slight, inflicted during birth. The fact is, it may occur, as in

the case here reported, in natural, easy labors, where no forceps are used.

Valleik and Paul Dubois have shown that in the newly born the external table of the skull is porous, vascular, incomplete, and partially absent.

The diploic vessels, therefore, are almost exposed, and it is easy to understand how a trifling pressure applied to the yielding head of an infant during delivery may cause the pericranium to glide upon the subjacent bone, and by a slight injury to the vascular connections produce a hemorrhage.

The diagnostic points are, time of appearance, tendency to increase in size, circumscribed and lateral, non-pulsating, painless, and non-reducible.

The prognosis is generally favorable.

The treatment advocated is the let-a-lone treatment, the tendency being for the tumor to be gradually absorbed and disappear spontaneously. Where suppuration takes place, incise, thoroughly evacuate and treat antiseptically.

The above I have gathered from different articles upon the subject, from which we would infer the diagnosis to be plain, prognosis I have said favorable, and treatment dogmatic. How fully all of these indications were apparent in my case will be shortly seen.

Mrs. W., multipara, mother of four children, all healthy, confined October 7, 1891. Labor was of short duration, and, as she expressed it, the easiest time she ever had.

The physician was called early, but scarcely got there before labor was completed. Child male, average size, and seemed perfectly healthy. The physician came once or twice after and found mother and child doing so well he did not deem it necessary to prolong his visits.

I was called in about the fifth day. The child up to that time had not had a natural operation from its bowels. Medicine had been given several times, followed by injections. I was called to correct this bowel trouble. The mother had plenty of nurse, she said, but the child was very poorly nourished. Its little legs and arms were very much wasted. It was plain its food was not being assimilated. I prescribed one-thirtieth grain doses of calomel every two hours, and this not having the desired effect, I increased to one-twentieth, which, after one or two doses, produced quite a free operation from the bowels. I found it necessary to keep up this treatment, giving one-tenth grain calomel daily to get its bowels to operate at all.

About the sixth day erysipelas appeared on the right hip, which in a few days had extended, involving the thigh, leg and foot respectively, fading from above as it progressed down the limb. When the disease had about disappeared from the right limb, it next appeared in the penis and scrotum, which became very much swollen and very angry in appearance. From here the erysipelas extended down the left limb, thence into the arms, hands and face, and small patches on the trunk. This trouble I treated by keeping the affected parts wrapped in absorbent cotton and smeared with oxide of zinc ointment. The scalp was not attacked by the erysipelas. We made a persistent and stubborn fight against this dread disease, at one time the little one being almost enveloped in cotton and smeared all over with the ointment.

The erysipelas had all disappeared in about four weeks, with the exception of resultant abscesses on top of the right foot and middle toe and back of left hand, all of which, when ripe, were opened, thoroughly cleansed and drained.

Up to the time of the appearance of the erysipelas, no tumor had been noticed. This might have been due to the fact that the cephalhæmatoma was developed on the occipital bone, and it would not be noticed as quickly there as on the side of the head. About the ninth day was the first time my attention was called to a swelling on the back of the head. The tumor was then as large as a large-sized hickory nut, ovoid in shape, quite soft, and as I thought, somewhat reducible; situated on the occipital bone, almost immediately over the posterior fontanelle. I expressed my fears to the family that it might be a meningocele, and gave a grave prognosis.

My plan of treatment was to keep a large wad of absorbent cotton over the tumor, held in place by means of a tight-fitting cap. This I thought would distribute the pressure and prevent irritation to the skin over the swelling.

As time went on, I saw the case every day. I examined carefully for the bony rim, but could not make out any. About Nov. 20, five weeks after the tumor was first discovered, I could make out quite distinctly the bony rim. The tumor was now as large as a hen's egg, tense, but painless, and no signs of inflammation.

I determined now if it did not begin to subside in a few days to aspirate and apply pressure. On Nov. 25, I was called in haste. The tumor had broken, they said, but the child was still living. I went immediately, and found the child sleeping quietly. The tumor had ruptured, saturating the absorbent cotton. The character of the discharge was pus mixed with blood. I washed it out thoroughly, applied carbolated cosmoline on cotton, and bandaged. In a few days the opening had entirely closed, no signs of the tumor but the elevated bony ridge, which gradually closed, smoothed down, and in ten days presented a perfectly normal appearance.

The child now is in good condition, is well nourished, has grown fat, and with the exception of a little undersize, is as healthy looking a child as there is in the family.

Surely, the little fellow has earned the right to live, and has shown the world that a new-born infant can make a good fight against disease.

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## Opening the Thoracic Cavity.

By DR. GILL.

Cases of hydrothorax or empyema frequently require paracentesis thoracis, or even Estlander's operation.

The following cases of empyema have recently come under my notice:

T. M. E., aged 23, of fair constitution, and had generally enjoyed good health. I was called to see him on April 6, 1887. He had had an attack of measles, and was then suffering with a sequence of that disease, viz., pleuro-pneumonia, having a predominant element of pleurisy. I attended him daily until the thirteenth, again saw him on fifteenth, leaving directions to let me know if everything did not go on well. A call was made at my office on the twenty-third, at which time advice and medicine were given. My partner, being in attendance on a neighbor, was called in to see him early in May. The case not progressing favorably, a consultation was held May 6. No effusion had been discovered previous to this time. There was no dulness over the lower half of the right side of the thorax, and well-marked symptoms of pleuritic effusion existed. A blister was ordered, and other remedies given. On the tenth of May, about thirty ounces of pus were drawn off with the aspirator. This gave temporary relief, but the effusion slowly and steadily returned until the first of June, when I drew off three pints more of pus. On June 10, drew off again a pint and a half of pus. On twenty-second, drew off about a quart of thin pus.

No permanent progress seeming to be made towards a cure, I urged the necessity of opening the chest and draining it thoroughly. This was done June 30. The incision was made between the eighth and ninth ribs. The pleura seemed to be much thickened. The cavity was thoroughly washed out with salt water. In the evening it was again thoroughly washed out with salt water, then with a weak solution of corrosive chloride of mercury, and this followed with a weak solution of carbolic acid, a drachm and a half to a pint of warm water. At 6 P. M. the pulse had fallen to ninety-two per minute, lower than it had been for weeks. He slept well the night following, and partook of quite a hearty breakfast next morning.

On July 13, he visited me at my office, coming a distance of about five miles. The washing with salt water, followed with the weak carbolic acid solution was continued daily by the family, the cavity gradually di-

minishing. In October, I urged the removal of the tube, but the patient was afraid to have it out.

He removed to Missouri late in the fall, and was not as careful of his health as he should have been. At one time he washed out the cavity with water too cool, and it caused a sudden attack of unconsciousness, followed by partial paralysis, which continued for two or three days. This is an incident worth remembering.

The next spring he took a trip through Colorado, Oregon, Montana, from which he returned greatly improved in general health. Finally, he entirely recovered, so far as he could judge. He is now farming in Montana.

E. L. H., aged 29, had an attack of la grippe in the spring of 1890. This was followed by pleuritic effusion during the month of April, and about the first of May the chest was opened at his home in Missouri. The drainage was not complete, and the tube was not retained, so that during May the operation wound closed, and effusion accumulated in the chest. On the last of May he came to Kansas to his father's. His condition grew gradually worse. The side opened externally near the place of operation. He was instructed to inject a weak solution of iodine by means of a small syringe.

I was called to see him on August 18, 1890. His pulse was 120, respiration 30 per minute; feet swollen; general emaciation marked; color, sallow; and he was scarcely able to walk. The discharge from his side was intolerably offensive and had been of the character for weeks, saturating several large cloths daily, a clear case of purulent intoxication.

The diagnosis was clear enough. The prognosis was doubtful. I feared amyloid degeneration. The indications for treatment were well defined.

On August 20, assisted by Dr. Woodson, I operated, patient being under the influence of chloroform.

I removed an inch and a quarter of the seventh rib, near the place of discharge, and evacuated about a pint and a half of terribly offensive pus. The pleura was greatly thickened. It would have been a very difficult matter to drain the cavity without the resection. A free opening was made, the cavity thoroughly washed out with salt and water, followed by weak carbolic acid solution. A drainage tube was put in, though this was not then necessary.

The next day, August 21, I found the pulse at 90, respiration 24; feet nearly free from œdema. All offensive smell had disappeared. Washed out the cavity with salt water and with weak carbolic acid solution. During the next ten days I saw the patient only twice, and once on September 3.

On the tenth he came twenty miles to see me. Convalescence seemed to be fully established. He visited me once in about two weeks, in the meantime keeping up the washing until the cavity was nearly closed. His appetite was almost ravenous. He gained flesh and strength very rapidly, until he may have been considered quite recovered from the operation.

Imprudently exposing himself to a cold, damp wind in a ride of twenty miles without overcoat, he took a chill the night following. He then lost appetite, was feverish, had a pain in the opposite (right) hip, had a severe attack of sciatica, inflammation about the hip joint, and finally a perinephritic abscess, which I opened April 6. The limb had been so painful for two or three months that at times he could not have it moved or be moved himself without extreme suffering. When I saw him last, April 10, the abscess was doing apparently well. The side operated on had been well for months.

Through February and March I requested that a record of the pulse and respiration be kept morning, noon and evening, and reported to me once a week. During the eight days beginning January 29, ending February 3, the average pulse rate was—M. 87½, N. 90½, E. 96½; respiration, M. 19½, N. 20, E. 21½. From this it can be seen that the respiration was very little; the pulse, perhaps, rather more. This is a fair average of his condition for quite a number of weeks. With all the caution

that I could give, he was permitted to lie too long in one position, so that his back became sore, a condition which caused him much discomfort. His appetite remained moderately good during most of the time of his latter sickness.

Of his farther condition, I should mention: In February and March he had, at intervals of a week or two, paroxysms of an epileptoid appearance. He would have from one to three or four in the course of twenty-four hours; then they would cease for a week or two, only to return. At the same time his mind would be considerably disturbed, insisting that there were bugs biting his feet and hands; and various other delusions were entertained.

Of the operation itself, I wish to say a few words: In making a section of the rib, the saw seems to make a cleaner, smoother cut than shears or cutting forceps of any kind. My plan is to remove the periosteum, place a spatula beneath the rib as a protection of the parts, and saw down upon the spatula, the superficial soft parts being held out of the way by assistants. The drain tube should not be too small for easy and free exit of all fluid discharges.

If the effusion is found to be mostly serum with little mixture of pus, aspiration may be sufficient; but the probability is that opening of the chest and drainage will be required in most of the cases of empyema. Delay of the operation will only prolong the time of recovery. Thorough washing with warm salt water will prevent septicæmia. This may or may not be followed with a solution of carbolic acid, to be followed again by the salt water to prevent any danger of poisoning with the acid.

FROM the records of Yale College during the past eight years it is shown that the non-smokers were taller, heavier, greater in lung capacity and chest capacity, ranging all the way from 8 to 42 per cent. in gain over the smokers.

THE term phimosis is derived from the Greek, and means a muzzle.

## Surgical Treatment of Meningitis.

Read before the joint meeting of the Eastern Kansas and Golden Belt Medical Societies at Topeka, April 7, 1892,

BY

S. G. STEWART, M.D.,

PROFESSOR OF THE PRACTICE OF MEDICINE IN THE KANSAS MEDICAL COLLEGE.

To make this discussion as practical as possible, I will briefly call your attention to the salient points marking it.

The membranes involved are the pia and dura mater, and the delicate and vascular pia mater is in close relation to the brain. The dura mater, acting as the periosteum of the skull bones, is very firm and not rich in blood vessels, but encloses the venous sinuses in its folds. Meningitis may involve the pia or the dura, but both are usually involved. The most common site of inflammation is the convexity, although any part of the membranes may be inflamed. The various names and divisions under which this disease is described will not be gone over, but we will use the term in the broad significance of acute meningitis. The authors usually exclude the specific varieties when considering this form.

The study of the morbid anatomy in meningitis is interesting and instructive, and teaches us that the history of inflammations within the cranial cavity is subject to the same laws that govern inflammations in any other part of the body, but because of the bony environments are more apt to result disastrously; there we have a hint at the necessity of surgical aid. Autopsies show that inflammation but rarely attacks the base of the brain. This is fortunate, as the question of surgical interference would be a graver undertaking, and we might well pause before operating. The hemispheres are most frequently the site of inflammation. The membranes are thickened, lose their glistening appearance, are reddened around the blood vessels, and are exudate products. In mild cases the exudate is confined to the perivascular lymph spaces. The character of this exudate varies. Sometimes it is serous or muco-purulent. Some-

times the convexity is covered with an exudate like false membrane, of a creamy consistence, and it is found most abundant usually along the fissure of Sylvius. The convolutions are flattened and show plainly the results of pressure. Minute hemorrhages are seen to have taken place in the vessels connecting the pia mater with the brain. The hemorrhagic meningitis (so called) is not considered an inflammation, but a degeneration without the signs of inflammation.

Meningitis may be primary or secondary; and that we may present this subject in the manner that will give exact information concerning some causes of this disease that have been demonstrated to be causes beyond a doubt by some of the most competent observers in the medical world, I will quote from the *Hospital Gazette*, Paris, the result of late bacteriological studies by Adenat, that are more complete than any others that I have seen:

1. Seven varieties of microbes have already been found in the meningeal exudates.

2. The kinds thus far found in meningitis: (*a*) the pneumococcus; (*b*) the streptococcus pyogenes; (*c*) the intra-cellular micrococcus of Weichselbaum; (*d*) the probable bacillus of typhoid fever; (*e*) the staphylococcus pyogenes; (*f*) the pneumobacillus of Friedlander, and some undetermined microbes.

3. All forms of meningitis are probably of microbic origin.

4. Meningitis is primary and secondary. The last named form developed in the course of infectious diseases are often the result of mixed infection and due to a different microbe from that which excited the primary infection.

5. Certain microbes can be located primarily in the meninges which do not choose this location habitually. We have reason to believe this of the typhoid bacillus. We may thus have a cerebral typhoid without a typhoid fever.

6. The microbes find their way to the meninges either through a direct route, as in otitis, or by way of the circulation. The last named is considered as far more frequent. "Huguenun reaches the same conclusion, and names several additional forms of bacilli capable of exciting meningitis."

Meningitis occurs more frequently in early adult life and in children. Statistics give a larger proportion of males than females suffering from this disease. I have seen a number of cases in which alcohol was certainly the exciting or predisposing cause. Anxiety, grief and shock are predisposing causes. Fractures of the cranium, blows, wounds, even if microscopic, are causes. Caries of bones of the skull, inflammations of the middle ear where the bones of the tympanic cavity are diseased, inflammations of the eye and of the nasal passages, are plainly causes. We often hear the term idiopathic meningitis. This is happily but seldom heard at this time; still it is seen in some late works, and now and then we are surprised to hear a medical man use it in the faith of the olden time. Let us say we don't know; it is plainer American than idiopathic, and expresses what it means.

We find meningitis as a complication in a number of diseases, as in pneumonia, typhus and typhoid fevers, pyæmia, rheumatism, and other acute diseases. The symptoms of meningitis are chiefly headache in every degree of severity in different cases, from a dull to severe, lancinating pain, general languor, pain in back and limbs. Premonitory symptoms are irritability, apprehension, sleeplessness and others that are very indefinite. Headache is local, frontal, temporal or occipital, increasing rapidly in severity. There is vertigo, nausea and vomiting. The vomiting is projectile in character. General hyperæsthesia; photophobia; ringing in ears; pupils contracted and respond slowly to light; temperature ranges from 103° F. to 105° F. There may be morning and evening exascerbation. Continuous high temperature is generally fatal. Pulse small, hard, wiry, ranging with the temperature. In old people the headache may be absent or unnoticed, and delirium be the first symptom observed. Convulsions often mark the onset in children. The second prominent symptom is delirium. This may vary from mere

confusion of ideas to violent mania. The third important symptom is coma. This condition comes on slowly. As the delirium subsides, patient shows sleepiness, stupor. The violent headache, jactitation and superæsthesia disappear, the urine and fæces are passed involuntarily, Cheyne-Stokes respiration is seen, pulse quickened until it cannot be counted, the body bathed in perspiration, death comes.

The prognosis in meningitis is very unfavorable. Most of the severe cases terminate unfavorably. The very mild cases may recover. The duration of this disease is about eight days. Strabismus and local paresis are very unfavorable, although I have in mind a case in which there was marked strabismus, recovery ending the case. I will not go over the plans of treatment, local and general, that have been followed from time to time. We wish to bring out in the discussion the advisability of surgical treatment.

The question of operative interference in meningitis has been suggested to my mind in almost every case of meningitis that I have seen for years, but the history of the treatment of wounds of the skull and of surgical operations within the cranium has, until comparatively recent times, served as a check on the surgical treatment of inflammations in this cavity. But since the day of antisepsis and asepsis conditions have changed, and the cranial cavity has been and is opened under the law of cleanliness without increasing the inflammation or causing inflammation by the admission of disease germs.

When we consider the disease as briefly explained in the foregoing, watching carefully its progress from the invasion, are not the indications plain that when we have used the remedies, general and local, to check the progress of so fatal a disease as this, when the symptoms of extending inflammation and of pressure become manifest, the aid of surgery should promptly be invoked? An opening made into the cranial cavity providing for drainage would certainly lessen the danger of extension and prevent danger from pressure from the products of inflammation. I do not purpose giving the technique of opening the cranial cavity, but wish to add my approval and urge the operative interference when indicated.

## Summer Diarrhœa of Infants.

Read before the South Kansas Medical Society at Wichita, May 3, 1892.

By DR. MARY GAGE DAY, Wichita.

The problem of the summer diarrhœa of infants and children is one which the warm months bring to the physician. Just why diarrhœa in its various forms should be more common and fatal in summer, so far as I know, has not been definitely settled, although there are various theories, each with earnest and enthusiastic advocates.

Dentition, heat, improper diet, nervous derangement, taking cold, bacteria, have each been considered causes. The germ theory at present seems well supported. The *Annual*, '91, gives a resume along this line. Baginsky, of Berlin, reports finding seventeen different forms of bacteria in the stools of children suffering from diarrhœa, no one form being constant.

Berker, of Baltimore, studied the bacteria from the stomach, and found them few in number compared to the great numbers in the intestines.

Prof. Vaughan, of the University of Michigan, took the cultures of three germs from a series of fifteen isolated from diarrhœa patients, by Berker, and submitted them to a careful chemical manipulation. From each he obtained a highly poisonous proteid. Injected under the skin of kittens and dogs it caused vomiting and purging, and when employed in sufficient quantities, collapse and death.

Escherich states that the bacterial origin of summer diarrhœa cannot now be controverted, although there is yet wanting evidence to establish contagion, or the presence of specific organisms, or a typical clinical course.

In view of the different theories held by eminent authorities and from personal expe-

rience, it seems to me that there is truth in each. Thus, dentition, a physiological process, may become deranged and produce a pathological condition. Heat, by lowering the vital resistance, or by producing decomposition of food, or causing great thirst, which is satisfied with food instead of water, may become an active factor. Improper food can hardly fail in provoking increased peristaltic action of the stomach and bowels.

I believe we have all seen cases where a child took cold and had diarrhœa as a consequence, and there is no sound reason why a child should not have diarrhœa from a fright or shock as well as an adult.

If the surroundings are filthy and bacteria enter the stomach and intestines and there find conditions favorable for their growth and development, it is reasonable to suppose that nature will make an effort to expel the irritating material. So in our present state of knowledge it seems impossible to say that there is any one cause, but rather that summer diarrhœa may be produced by several different factors, and in any given case it might be difficult to differentiate the exciting agent, as perhaps all the factors working together produced the result. But if any one is more potent than others, I believe it to be filth, and in the care of infants cleanliness *is* godliness. Surgeons are in the advance of most of us physicians in realizing the meaning of the word cleanliness, and in being able to make the practical application, to the great benefit of their patients.

The hygienic management of infants is of the utmost importance, and every true physician will give each mother who seeks his advice in regard to the care of those entrusted to her full instruction in regard to the following points:

1. Pure air to breathe.

2. Proper diet at regular intervals.

3. Plenty of water which has been boiled to drink.

4. A clean bottle, if bottle fed, every time it takes its food.

5. Absolute cleanliness in person and surroundings.

6. A chance for the nervous system to develop without being over-excited.

If every infant could be kept under such favorable conditions the resistance of the vital organisms would be such that if a few germs were introduced into its body the conditions for their growth and development would be so unfavorable that they would perish, instead of flourishing and causing the illness and perhaps death of the infant.

The conditions are too often the reverse of all this. The air is filthy, the food improperly given, in kind and amount, and no water at all; the bottle and clothing are not kept clean, and the babe is tossed and tumbled and handed around and carried out into the hot sun, and is it any wonder that it gets sick? The doctor is sent for, and if he could only change by his presence all the unsanitary conditions, instead of giving directions in regard to them, the problem of treatment would be more easily solved than it is. In this as in all other cases he can only do the best he can.

When called to a case, I nearly always begin treatment by giving something to evacuate the alimentary canal, either a mixture of aromatic syr. rhubarb, castor oil, glycerine, usual dose for child few months old teaspoonful, or from one-tenth to one-half gr. calomel every hour, until there is good effect from it. In the *Annual*, 1890, there is a report of over 500 cases, in which Seibert, of New York, employed stomach-washing, combined with injections of pure water into the bowel, and obtained excellent results. I have not tried this plan of evacuating the primæ viæ, but consider the principle of promptly removing irritating material the correct one. If there is pain, I give paregoric in doses according to age and condition. Notwithstanding all that has been said against it, I believe that opium is one of our most valuable therapeutic agents in the treatment of summer diarrhœa. After getting some effect from the preceding, I frequently follow with this mixture, the formula of which was first given by Dr. Deering J. Roberts, of Nashville, Tenn.:

℞
Bismuth sub-nit.....ʒ ss
Tr. opii.....gtt. xx
Syr. ipecac.....
Syr. rhei arom.....a a ʒ iv
Listerine.....ʒ ss
Mist. cretæ.....ʒ j

M. Sig.: Teaspoonful once in three or four hours for a child ten or twelve months old.

This I have found a valuable combination. I often prescribe it as in the following case:

A child eight months old was brought to the office suffering from thrush and diarrhœa. The child was bottle fed, and had been brought up on condensed milk. I gave a boracic acid powder, with directions to dust the mouth with it every two hours, and the above prescription for the diarrhœa. I did not see the child again, and the family reported it well in a few days.

A few weeks later I was sent for in haste to see the same child. The babe was visiting at his grandmothers, and she was a believer in homœopathy, so she had been doctoring him herself with those remedies; but the child grew so much worse that she was alarmed, and I was called. The child had temperature 104°, pulse too rapid to count satisfactorily, head and face congested, crying and moaning almost constantly, and showing decided nervous symptoms, and they were tossing him up and down and walking the floor to quiet him. As he had been having diarrhœa for three or four days, I made the mistake of assuming that all irritating material had passed off, and did not give calomel, but prescribed the diarrhœa mixture spoken of before, with cold applications to his head, inunctions of vaseline every two hours to quiet restlessness and lower the temperature, hot cloths across the bowels, plenty of boiled water with a little stimulant added to drink, and a change of diet from condensed milk to Mellin's food prepared with water instead of milk. I went back the next morning and found the child no better and the nervous symptoms more pronounced. I was then sure that there was irritating material in the alimentary canal, and ordered one-fourth gr. doses of calomel every hour until the bowels were well cleared, and after ten doses of calomel had been taken to begin on five-grain doses of sub-nitrate of bismuth every two hours, leaving out the diarrhœa mixture and continuing the rest of the treatment. As soon as the calomel acted he was relieved, and the next morning one would hardly recognize him as the same child. His fever was gone, he was bright, and in a few days his food was changed to cows' milk and he grew fat and strong.

In the use of arsenite of copper in the treatment of summer diarrhœa, my experience has been limited to one case. A foundling seven days old: When it was four days old a physician was called because it vomited its food and had diarrhœa, with protrusion of the rectum. The physician prescribed the usual remedies for two or three days, and the child getting no better, consultation was asked for and I was called. It seemed to me that the physician in charge had managed the case well, and the child was no better, and as I had just been reading some of the excellent results which Dr. John Aulde, of Philadelphia, had obtained with arsenite of copper, I suggested that we try it; so we had the druggist prepare a solution of the one-hundredth of a grain in six ounces of water, and teaspoonful doses of the solution were administered every ten minutes for the first hour, and at a little longer intervals after that. In two or three hours the physician was called, who immediately sent a messenger for me. I thought the child was dying; it was cold and blue, with no pulse at wrist perceptible. We immediately began the administration of whisky and drop doses of aromatic spirits of ammonia, put hot bottles around it, and used inunctions of vaseline every half hour. It soon began to revive. (This was in the afternoon, but we stayed all night, both of us, and took care of the child ourselves.) We changed the food to Mellin's, prepared with water, gave starch and laudanum injections to quiet rectal pain and protrusion, applied camphorated oil over the bowels, covered by hot flannels; gave the diarrhœa mixture and occasionally castor oil and rhu-

barb, plenty of whisky and boiled water to drink, and to our surprise and delight in a few days the babe recovered.

In regard to food for infants deprived of the natural food, I know no perfect one, and each case is an individual problem, to be studied and solved. I have obtained excellent results with Mellin's food, lacopreparata, cows' milk, diluted according to age, condensed milk, and in one case where all of these disagreed and the child was gradually failing, imperial granum, as food, in addition to breast milk, assisted by brandy and boiled water to drink, and inunctions of cod-liver oil brought the child safely through the summer.

When a child has diarrhœa, I do not believe in the administration of milk in any form as food. I know how hard it is to convince the average mother that the child will not die if she does not keep a continual stream of milk running down its throat, but I believe the results are better to insist upon giving only rice water, barley water, Mellin's food, prepared with water, a little brandy, and plenty of boiled water to drink. Inunctions have rendered me excellent service, not only by their cooling and supporting properties, but the friction, caused by rubbing the oil, lard, vaseline, whatever is used, helps to keep the blood to the surface and prevents excessive internal congestion. I have less fear that a child will take cold when it has been thoroughly greased. It is also a good vehicle for quinine, when indicated, and in this country I think frequently a little quinine rubbed on the outside helps to cure the child.

From my own experience in the past and the lessons learned from the recorded experiences of others, my plan of treatment for the coming season will be according to the following summary:

1. Hygienic.
2. Evacuant.
3. Therapeutic, namely, opium, bismuth, listerine, chalk mixture, boiled water, stimulants and inunctions.

DISCUSSION.

Dr. O. J. Furst.—"The regularity of diet in these cases is of great importance. In the country it is difficult to keep the mothers from feeding the baby when it cries. Outside of the arsenite of copper my treatment has been similar to the doctor's."

Dr. Cloud.—"In studying diarrhœas of children now, I use the geography. When in Missouri I had a great deal of this class of cases. It seems we have said too much about the effects of teething. Why does it not produce diarrhœa in winter? Nine-tenths of the children in the country are not better fed and cared for than the chickens. Indigestible foods produce fermentation, etc.

"These diseases of children seem to occur in zones. In some nearly every child will be affected, while others are free from it. Fruits, filth, carelessness are principal factors. I think I have seen more good in these cases from five grains of calomel than any other drug. Would advise cleanliness, boiled milk, boiled water and less fermentation in the stomach."

Dr. Stephens.—"I approve the line of treatment, and congratulate the doctor upon her success."

Dr. Brehm.—"There are two leading features governing treatment of summer diarrhœa. Antisepsis of intestinal canal, for which purpose I use sulpho-carbolate of zinc in some form."

Dr. Peak.—"The sulpho-carbolate of zinc has answered well with me. Bismuth subnitrate is very reliable, and should not be thrown aside. Opiates also are valuable in this place, though they are frequently objected to. The bowels should be well evacuated, in order to relieve them of irritating substances. Calomel answers best for this purpose. I use it until I begin to see its effect on the discharges, then at intervals."

Dr. Day.—"I am sorry the washing of the stomach has not been thoroughly discussed."

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THE American Medical Association meets in Detroit, June 7, 1892. Kansas promises to send a good delegation.

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ONCE syphilis, always syphilis, is probably very nearly correct.

## Differentiation between Acute and Chronic Alcoholism.

Read before the South Kansas Medical Society at Wichita, May 3, 1892.

BY

W. S. LINDSAY, M.D., Topeka,

PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE KANSAS MEDICAL COLLEGE.

In our observation of disorders of the nervous system, we discover that there are two great factors in the production of nervous diseases whose baneful effects are seen in the individual and entailed on posterity.

In a majority of cases of organic nervous disorder we may pertinently ask the question, "Is this the result of syphilis or alcohol?" Alcohol, I take it, is second, but only second, as the source of morbid affections resulting from degeneration of the tissue of the human body. In using alcohol, which by the way I consider a most useful remedy, it is important that we keep in mind the structural lesions that may result from its continued use, and recognize the line where the functional derangement dependent upon the recent use of alcohol merges into that structural change known as chronic alcoholism. The object of this paper is to emphasize some of the pathological and clinical landmarks which should aid us in recognizing the approach of this degenerative process.

We note first the special predilection of alcohol for nerve tissue, and that this, the highest order of cell structure, is attacked in reverse order to its development.

The cerebro-spinal axis with its terminal filaments is the first point of attack.

We note also that the difference in cell vitality and cell energy of various individuals, establishing a predisposition to mental and nervous disturbances, modifies in a marked degree all phenomena recognized as due to alcohol.

*Acute Alcoholism.*—We do not regard intoxication even frequently repeated as alcoholism, but cases where from the effects of alcohol we get functional disturbances which continue after the alcohol has had time to be eliminated from the fluids of the body are considered so.

It is true that a majority of cases of delirium tremens or mania a potu occur while the patient is still imbibing of alcoholic drinks, but if these are withheld the disturbance continues.

The first clinical feature observed in acute alcolism is tremor, generally of hands and tongue, and unsteadiness of movement of the upper limbs—sometimes also the lower limbs, but less frequently—these are most manifest in the morning after the effects of alcohol have passed off, and will at first disappear on renewal of stimulants.

Prior to an attack vomiting frequently occurs, and indeed the gastric disturbance is sometimes the exciting cause of the attack, from the fact that the stomach refuses to digest the alcohol, and the delicate nerve cells are thus deprived of their accustomed impetus.

Changes of circulation in the brain cause imperfect ideation, and this brings on illusory and hallucinatory states. The emotions become unusually active, the judgment is impaired, and morbid fears may be developed. The fingers are noticed to be constantly employed in some aimless pursuit. The temperature is generally elevated, and this marks the febrile delirium of Magnan, which is one point that distinguishes delirium tremens from mania a potu.

The hallucinations, like all the mental phenomena, are of a distressing character, and suicide may result in the endeavor to escape the torture. There is rapid, small and weak pulse, contracted pupils, with frequently congestion of the retina. When the attack produces dangerous exhaustion, low delirium takes the place of loud ravings, and coma or convulsions close the scene. As a rule, however, these cases recover in from five to ten days, generally to recur after a time. During the time of the development and continuance of acute alcoholism we have hyperæmia, and hyperplasia forms the connecting link to the more marked form of chronic alcoholism, contraction or cirrhosis of the various organs.

The result of the increased flow of blood,

together with the devitalization of red blood corpuscles, shown by fatty specks in the red globules, is intercellular growth, the development of adventitious tissue, which, as soon as it becomes organized, follows the law of its kind, whether in animal or vegetable life, viz., it begins to shrink. This is no doubt partly due to the pressure which the increased tissue makes on the vessels of supply. The diagnosis of acute alcoholism is by no means difficult, and while more might be added, I take it that this will suffice. There are some interesting points that have been observed in the study of this subject, and one is the fact that the presence of alcohol in the system at the time of an attack is not necessary. That is to say, we may have acute alcoholism in an individual, and after a long abstinence the same phenomena may recur without the imbibition of alcohol.

There is probably some structural change in a case of this kind, but the usual symptoms of chronic alcoholism are wanting.

The ages of patients who suffer from alcoholism is an interesting study. We find that twenty-five to thirty and thirty-five to forty-five show more alcoholic mental derangement than other ages. This is shown by tables of reports from institutions.

*Chronic Alcoholism.*—It would seem natural that to have chronic alcoholism we must first have the acute variety, but from the classification I have followed and the one generally laid down, we have the anomalous condition that many cases of chronic alcoholism never present the symptoms regarded as acute alcoholism—delirium tremens or mania a potu.

This is due to the fact that in cases of steady imbibition of alcohol we may have the hyperæmia or hyperplasia, but in so mild and regular a manner that there is never an explosion of mental, sensory or motor phenomena.

Pathological conditions following in the wake of what has been described under acute alcoholism, such as chronic gastric catarrh, hemorrhagic mucous membrane, interstitial changes in liver and kidneys, fatty heart, atheromatous blood vessels, functional irregularities leading to albuminuria, ascites, gout, nervous exhaustion, etc., need only to be mentioned, as they are familiar.

The structural changes are gradual in manifestation, and we find mental, sensory and motor enfeeblement steadily advancing. Faculties of attention, judgment and comparison suffer. The memory is especially impaired. The keener sensibilities are worn off and the moral tone is lowered. Aural hallucinations are frequently constant, and the phenomena of a patient suddenly looking behind him to see what he thought he heard is frequently observed.

So-called amnesic symptoms, a notable feature of which is an instantaneous forgetfulness of events which have just occurred, is considered to be an indication that the border line has been crossed. In this, degrees are seen from slight retentiveness to complete abolition of the latest impressions.

The retention of effete matter within the cells of the cerebral cortex hinders ideation, dims the illumination of the mind's activities, and the lines leading to all parts of the body through which all sensory and motor impulses pass suffer a like impairment. An interesting hallucination known as the epigastric voice is frequently experienced, which a patient will describe as not an audible perception, but still a voice which makes itself understood. This will frequently not be mentioned by a patient because he knows it is only an hallucination, but yet he cannot be freed from it.

Increased nerve resistance causes confusion of the impulses passing over the nerves, and as a result we have derangement of sensation and motion. The first is manifest by tingling and burning, patches of anæsthesia and also of hyperæsthesia, and the latter by motor impotence. We find permanent tremor of fingers and hands, impairment of articulation, and frequently the burning lumbar pains, the cramps in muscles, and the tenderness along the line of nerves which indicate alcoholic polyneuritis. A condition described as a shuffling gait is to be observed. This is sometimes mistaken for tabes dorsalis. There is some ataxia, but the distinctive marks of tabes are want-

ing. The presence of anæsthesia may be limited to one lateral half of the body. This is considered by some authors as quite characteristic of chronic alcoholism. This may extend to the eye, ear, nostril, tongue, and sensibility of the cornea of one side of the body.

We see also twitchings of muscles of the face. Sometimes these are sufficient to distort the countenance. When these muscles are at rest there is a stolid appearance to the face, due to defective muscular tone. Asymetrical furrows are seen on the face, due to irregular contractions of antagonistic groups of muscles.

These tremors and irregular motor impulses are not due entirely to nerve resistance, but partially to defective innervation of nerve centres discharging along those tracts. It is apparent that classification of the mental phenomena in a condition so complicated as most of these cases are, with impaired nutrition, heredity and environment must be purely arbitrary, but for convenience we find that chronic cerebral alcoholism has been divided, viz.: Amnesic cases, chronic delusions, imbecility. These indicate the progress of the disease, but the consideration of the last two would lead us beyond the purpose of this paper.

DISCUSSION.

Dr. Minney asked if those who use tobacco can use more alcohol that those who do not.

Dr. Furley.—"The terms delirium tremens and mania a potu have heretofore been used synonomously. Many of our nervous disorders may be the results of alcoholism in our progenitors, but this fact remains to be proved. It is claimed that cirrhosis is not a result of alcoholism."

Dr. Lindsay.—"In answer to Dr. Minney, I would say no antagonism of this kind exists that I know of. I think post-mortem observations are misleading in regard to cirrhosis, as there may be a hyperæmic stage, and I think this point is established."

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THE next meeting of the State Society will be held in Topeka.

## Gun-Shot Wound of the Chest—Report of a Case.

Read before the Medical Society of the Missouri Valley, Leavenworth, Kansas, March, 1892.

BY

J. C. McCLINTOCK, A.M., M.D.,

PROFESSOR OF SURGERY IN THE KANSAS MEDICAL COLLEGE.

Miss K. H., a young lady of twenty-four years of age, was shot on the evening of the twenty-third of September, 1891. The revolver was held at a distance of not more than eight feet. The wound was temporarily dressed. I saw the case the morning of the twenty-fourth, six hours after the injury. The ball from a 38-calibre revolver had entered one-half inch to the right of the spinous process of the eighth dorsal vertebra, had passed directly through the body and fractured the sixth rib in front. The ball was located under the right mamma, through which an incision was made and its removal effected. Its location was diagnosed by the fracture of the rib, by emphysema into the cellular tissue, and by palpation the ball itself could be felt. The patient was expectorating small quantities of blood, was somewhat cyanotic, but was evidently rallying from the shock of the injury. The pleural cavity was filled two-thirds full, probably with blood. A very grave prognosis was given, from the fact that the lung and pleura had undoubtedly been perforated, and that decomposition of the blood in the pleural cavity would almost surely follow. Such decomposition would necessitate opening the chest for drainage. Such a procedure was not further indicated, however, for the progress of the case was toward recovery. There was no fever, no complication of any kind. The wound of entrance of the ball, and that from which the ball was removed, united without suppuration under occlusive dressings.

The first dressing was removed at the end of a week, on account of pain in swallowing. This pain was relieved after the patient was able to be turned on her side, and the second dressing was not disturbed for three weeks.

A note, under date of October 31, six

weeks after the injury, says: The patient's right lung now occupies only a little more than the upper third of the pleural cavity, the lower and back part of the pleura being still filled with blood. She has been sitting up for about two weeks, and walks about the house. Nothing but a guarded prognosis has been given in this case at any time.

March 17, 1892.—An examination of the patient to-day warranted me in pronouncing her perfectly well. The vesicular murmur was clear and distinct in the lower lobes of the lung, and there was no dullness over the region formerly filled with blood.—*From the Journal of the American Medical Association, April 16, 1892.*

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## Annual Meeting of the Eastern Kansas and Golden Belt Medical Societies.

A joint session of the societies met in Lincoln Post Hall, Topeka, Kas., April 7, 1892. Two sessions were held, 3 P. M. and 7 P. M. Dr. L. L. Terwilliger, of Lansing, president of the Eastern Kansas, called the meeting to order. Minutes of the last meeting of Eastern Kansas were read by the secretary, Dr. R. S. Magee, and approved. In the absence of the treasurer, the secretary reported a balance in the treasury of fifty-five cents. President Terwilliger appointed Drs. Schenck, Sheldon, Walker, Lewis and Minney as a nominating committee.

Dr. Wm. B. Dewees, of Salina, president of the Golden Belt Medical Society, then rapped the gavel and asked the secretary, Dr. F. B. Brown, to read the minutes of their last meeting, which were approved. Dr. Brown also reported for the treasurer a balance on hand of $1.45. President Dewees then appointed a nominating committee consisting of Drs. Brown, Daugherty, Wall, Hazlett and Murphy.

Secretary Brown made a verbal report of probable cost, as per instructions, to secure lithographic certificates for membership in the Golden Belt Medical Society.

President Terwilliger appointed Dr. W. E. McVey of the KANSAS MEDICAL JOURNAL to act as assistant secretary.

Members present were Drs. W. L. Schenck, M. B. Ward, M. R. Mitchell, D. R. Pelton, W. E. McVey, J. L. Gilbert, R. E. McVey, S. G. Stewart, R. S. Magee, H. M. Smith, J. E. Minney, H. L. Alkire, J. P. Lewis, J. H. Cannon, D. F. Rodgers, W. S. Lindsay, G. O. Morgridge, Geo. L. Limmer, C. C. Bradley, M. O'Brien, Deb. K. Longshore, S. E. Sheldon, Ida C. Barnes, L. H. Munn, H. C. Miner, Geo. L. Beers, D. C. Jones, Theo. W. Peers, L. M. Powell, W. H. Righter, G. A. Wall, H. K. Tefft, L. F. Wentworth, B. D. Eastman, H. T. McLaughlin, of Topeka; E. Longley and W. S. Pickard, of Burlingame; C. E. Fulton, of Hoyt; D. H. Fitzgerald and J. H. Brown, of Wetmore; Jos. Haigh, of Grenada; J. C. Martin, of Kansas City; J. W. Felty and E. E. Hazlett, of Abilene; J. N. Ketchersid, of Hope; L. L. Terwilliger, W. R. Van Tuyl and W. J. Van Eman, of Leavenworth; Wm. B. Dewees and F. B. Brown, of Salina; O. D. Walker, of Lawrence; P. Daugherty, of Junction City; L. H. Murphy, of Minneapolis; J. T. Curtis, of Dwight; Geo. Halley, of Kansas City, Mo.; J. H. Esmond, of St. Joe; L. Reynolds, of Horton; Emory Lanphear, of Kansas City, Mo.; Thos. N. Gunn, of Chapman; A. Ivins Comfort, of Ft. Leavenworth; H. M. Fagaines, of Maple Hill.

Visitors present were Dr. J. W. Hamilton, of Auburn; A. C. Sloan, of Topeka; W. A. Melton, of Burlingame; Messrs. Robt. Scott, J. R. Magee, Blakesley, Walker, *Capital* and *Journal* reporters, Mr. Stockinbridge, of Salina, Mrs. Dr. Dewees, Mrs. Dr. Brown, of Wetmore, Mrs. Dr. Magee, of Topeka; Mr. A. T. Waggoner, of Topeka; Drs. Weeks, Guibor, Mulvane and Coldren, of Topeka; Medical students Frankenburger, Gundry and Going.

New members: Dr. D. H. Fitzgerald, Wetmore, College of Physicians and Surgeons, Keokuk, Iowa, 1881; Dr. Thos. N. Gunn, Chapman, Vermont Medical College, 1884; Dr. E. E. Hazlett, Abilene, University of Pennsylvania, 1890; Dr. Ida C. Barnes, Topeka, Woman's Medical College, Pa., 1890;

Dr. H. M. Fagaines, Maple Hill, Wooster Medical College, Ohio, 1880; Dr. J. L. Gilbert, Topeka, Kansas Medical College, 1892; Dr. Jos. Haigh, Grenada, Northwestern Medical College, St. Joe, 1881; Dr. H. L. Alkire, Topeka, Jefferson Medical College, 1887; Dr. H. T. McLaughlin, Topeka, Iowa City Medical College, 1881; Dr. A. Ivins Comfort, Ft. Leavenworth, University of Pennsylvania, 1860; Dr. J. W. Wilhoit, Northwest University, St. Joe, 1880; Dr. L. M. Powell, Topeka, University of Pennsylvania, 1891.

Board of censors for Eastern Kansas, acting: Drs. Jones, W. E. McVey, Alexander, Wall and Reynolds.

The first paper of the afternoon was read by Dr. T. N. Gunn, of Chapman, "The Etiology and Treatment of Scarlet Fever."

DISCUSSION.

Dr. W. S. Lindsay.—"The etiology of scarlet fever is a difficult question to settle. As to treatment, the suggestion of the wet pack is a good one. In all probability the mode of infection is by the throat, probably the tonsils. I therefore use benzoate of sodium solution as an antiseptic, as a preventative, when they first begin complaining of their throat. It possibly is absorbed and does good in that way as well. The early diagnosis is important—where we are compelled to report these cases to health boards early."

Dr. Daugherty reported a case of supposed tonsillitis from which two cases of scarlatina originated. The first case had no eruption. "I sometimes think that this poison may be elaborated in the system; there may be a predisposition in the system to generate this poison *de novo*. In epidemics, some families are affected, while others are not; predisposition must cut some figure. In the treatment of ordinary cases, I let them severely alone. If they are too hot, sponge them off. Good nursing and plenty of cold water to drink. In the beginning of the disease there is an extreme quick pulse. I have thought it could be diagnosed by this. Phenacetin and antipyrine will bring the pulse down."

Dr. W. L. Schenck.—"I agree with Dr. Daugherty that it is a difficult disease to diagnose. It occurs frequently, I think, *de novo*. I remember an instance in which an outbreak occurred in a female seminary, which could only be accounted for by ascribing it to some refuse of slaughter house which was dumped to windward of the institution. The sick room should be well fumigated with burning sulphur. Plenty of fresh air and water are essential in the treatment. Prophylactics should always be given. The tendency is to ascribe the origin of the disease to a germ and then treat them without regard to the cause. Cold water baths are valuable. Not enough pains are taken to stamp out the disease or corrall it."

Dr. S. E. Sheldon.—"We are all agreed that this is a germ disease. It is not the germ itself, but the ptomaines or the result of putrefaction produced by the germ. We do not in this disease, any more than in tuberculosis, attempt to destroy the germ, but to destroy their progress or establish in the system a resistance to the progress of the germ. We do not lose sight of the fact that it is a germ disease when we use our cold water, but we are then increasing the resistance to the disease germs."

Dr. Theo. W. Peers.—"The poison relevant to this disease should be eliminated from the system as rapidly as possible, and thereby hasten the desquamative stage. The question of how long a patient should be quarantined is an important one. Too much carelessness is often manifested in this regard. Have known patients to desquamate after premises were fumigated."

Dr. Comfort, of Leavenworth.—"I do not believe in the spontaneous origin of this disease, but believe it originates by contagion. Its origin, though, not always accounted for at the time. Yet if we could find the clothes, get an exact history, we would find, doubtless, that it had been imported. The time of quarantine should be longer than any other of the exanthematous diseases, because of its tenacity of contagion."

Dr. Martin, of Kansas City, reported a circumstance where contagion did not result

from exposure to a case during desquamative stage. Asked if any of the members noticed an eruption with the recent influenza.

Dr. Terwilliger.—"How can we diagnose a case of non-epidemic scarlet fever until the desquamation appears?"

Dr. Gunn, in closing, said.—"Don't believe I wound endeavor to render the patient and family aseptic until we determine the cause of contagion. Should quarantine until the last vestige of desquamation is past; however, I do not believe the desquamative period the most dangerous. I think a case of scarlet fever should be diagnosed at least on the second visit from the signs and symptoms with which every physician is familiar."

The nominating committee of the Golden Belt Medical Society made the following report of officers for the ensuing year:

President, Dr. Thos. N. Gunn, Chapman; first vice-president, Dr. J. W. Felty, Abilene; second vice-president, Dr. L. H. Murphy, Minneapolis; secretary and treasurer, Dr. J. N. Ketchersid, Hope.

The next meeting to be held in Junction City in July.

The nominating committee of the Eastern Kansas Medical Society made the following nominations for the coming year:

President, Dr. L. H. Munn, Topeka; vice-president, Dr. O. D. Walker, Lawrence; secretary, Dr. R. S. Magee, Topeka; treasurer, Dr. W. S. Pickard, Burlingame.

Place of next meeting, in Topeka.

The above reports of the various societies were unanimously adopted.

The Golden Belt Society appointed the following members a committee on the Pan-American Congress: Drs. Brown, Magee and Hazlett.

Dr. J. W. Felty, of Abilene, then read a report of four cases of placenta prævia, which see in May JOURNAL.

Dr. Mitchell opened discussion by saying that "probably no subject in the practice of medicine requires as careful handling as this one. I have had but two cases. One year ago was called in consultation to see a case of supposed placenta prævia. There had been two or three attacks of hemorrhage. We found the woman delivered and doing well. The evening previous she had a severe attack of hemorrhage, followed by pain and expulsion of placenta first. The membranes were pared off. In fifteen minutes the fœtus was expelled. Child died. When called to a case of placenta prævia and you are satisfied that it is so, and over seven months, don't wait, but immediately deliver. You thus avoid asphyxia of the child from blood, and probable loss of mother. Method is rapid dilatation and turning."

Dr. Ward.—"The last case reported by Dr. Felty was brought to my attention at the time, and am glad to hear the report of recovery. Have had two cases. The first patient could not be impressed with the importance of the case, and did not send for her physician soon enough. She was much exhausted, and though immediately delivered, she did not survive."

Dr. Pelton reported three cases of placenta prævia. In the first case he performed podalic version and delivered. The child was dead, but the mother lived. In the other two, both children and mothers lived.

Dr. Ketchersid.—"My second case of obstetrics was one of placenta prævia. Turned and delivered; child lived; mother died. Second case, tamponned. Later, turned and delivered; both mother and child lived. Third case was not a case of placenta prævia. Proceeded same as in second case. Passed in my hand and found a cystic degeneration of the chorion. Pain came on and she was delivered."

Dr. Schenck.—"When you have succeeded in delivering the child you have not always saved the woman. Remember a case which had been delivered and apparently seemed to be doing well, but died in a few hours from an embolus."

Dr. Fitzgerald reported a case of placenta prævia in which he delivered four children. The mother lived; two placentas; three of the children attached to one.

Dr. Mitchell.—"I think the tampon should be used with great caution. Always bring down both feet, as it will hasten delivery."

Dr. Felty, in closing, said that "obstetricians teach us to bring down only one foot.

My experience has been such that I am still in doubt as to which method to pursue. With both feet you can use more force."

Censors of the Golden Belt reported favorably on Drs. Alexander, Munn, Gilbert, McLaughlin, Lindsay and Sheldon, for membership. Report read and ballot cast for same.

Society adjourned to 7:30.

Societies called to order at 8 P. M., president Dewees in the chair.

On motion of Dr. Curtis, of Dwight, the president appointed a committee on necrology to draft resolutions on the death of Dr. W. P. Swetman, of Parkerville, a late member of the Golden Belt.

President Terwilliger then read the annual address to the society on the "Localization and Surgical Interference of Cerebral Tumors," which see in this issue of the JOURNAL.

The paper was an interesting report of a case, and on motion of Dr. Minney was opened for discussion.

Dr. Lanphear, of Kansas City, said, "I cannot, basing my remarks upon my own experience and upon recent literature, agree with the author. My experience has led me to believe that many of these cases can be relieved by an operation. I believe we can localize cerebral disturbances pretty accurately, and I think the doctor did so in the case reported, and had he operated at that point he would have enucleated the tumor. I think if he had operated at the time the first localizing symptom appeared and before pressure had produced further trouble, he would, in all probability, have permanently relieved him. Exploratory operations about the brain will in ten years be as common as those of laparotomy."

Dr. Sheldon.—"It would seem from the history of the case that there was too much breaking down of brain tissue; that no benefit would have resulted from an operation at such a late date. An early decision and an early operation in cerebral tumors offer the best results. I think we are justified in making an exploratory incision in the calvarium. The difficulty of localizing the tumor in this case was greater than if the tumor had been smaller."

Dr. Pelton.—"With all due respect to the author, I beg leave to differ with him as to the possibility of localizing brain tumors. I believe it not only possible, but practical; so much so, that we can diagnose those of the cortical substance from those of the centrum ovale by the disturbance of the associate tracts of one convolution with another, and their existing symptoms. We are able to differentiate degenerative changes from neoplasms or sclerosis arising from inflammation; that many cases of tumors and like diseases can be successfully treated by an operation when properly located. I cannot agree with Dr. Lanphear that the case reported might have been operated upon with comparative safety. An operation, I think, was inadvisable. First, the symptoms showed that the base of the brain was involved, viz., the disturbance of the motor oculi and the seventh nerve, in which case an operation would not be proper treatment. The autopsy verified the fact that the tumor lay in the fourth ventricle, rendering an operation hazardous."

Dr. Minney.—"I am inclined to believe that the doctor was mistaken in regard to the alternate dilatation and contraction of first one pupil and the other. When one pupil is so widely dilated and the other is not, a casual comparison will make the unaffected eye appear smaller. This will account for the apparent discrepancy."

Dr. Halley, of Kansas City.—"We do not always see these cases until the destructive processes have gone on so far to such an extent as to make an operation fatal. We should more carefully study effects of injuries and probability of tumors at an early date. Early operation promises best results."

Dr. Rodgers.—"I believe we must be more or less bold, not rash. We are not dealing with the same kind of viscera as in the abdomen. Should not be so many men dab bling in the brain. Can't go into the cerebral cavity with the same impunity as into the abdomen. I do not believe in a thermo-taxic center as suggested by Dr.

Lanphear, and I do not believe many of us know where it is located."

Dr. Fitzgerald.—"If we are confident we have a brain tumor, how will we find it if we do not operate? A few years ago we were afraid to enter the abdominal cavity. It was considered sacred. Now we may go into it with impunity."

Dr. Schenck.—"I can hardly agree with the physician who has just said we are warranted in intentionally causing death that we may learn to save life. We may not do evil that good may come. But we must labor to know all that is knowable, that life may be saved through our instrumentality; and year after year we are learning more and more of those parts of the body that are most inscrutable, and may well hope that we shall soon learn to diagnose and treat successsfully the most obscure pathological lesions within the cranium."

Dr. Terwilliger, in closing, said: "I am highly pleased with the discussion on my subject. There were some very peculiar features in the case. There was contraction of one pupil and dilitation of the other; dilitation one day and contraction the next. Symptoms are not always certain or reliable. Some of these were different from any I had ever seen."

Dr. Wm. B. Dewees, of Salina, president of the Golden Belt Medical Society, then delivered the annual address. His subject was "The Iatric Palæstra," a scholarly address, full of well-digested and practical thoughts on higher education. The education of the physician was emphasized by the doctor as of the supreme and highest importance to enable him to fill well the important trust committed to his charge, and is the principal element of a successful career. We bespeak a careful reading of the address to be found in the May number of the KANSAS MEDICAL JOURNAL.

Dr. Stewart, of Topeka, then read a paper entitled "Surgical Treatment of Meningitis," which see in this issue of the JOURNAL.

Dr. Lanphear opened the discussion.

Dr. Rodgers.—"There are several varieties of meningitis, and each division would have a different cause and also a different treatment. As to surgical interference in tubercular meningitis, it is useless, as it attacks the base of the brain and there is much effusion, and an operation here would be exceedingly perilous to life. If effusion had taken place into the lateral ventricles, it may be evacuated.

"In cases which are extensions from diseases of the ear, operations are indicated, and per cent. of recoveries thirty. In evacuating the ventricles some peculiar things have been noticed, *e. g.*, removal of the fluid has resulted in convulsions, its return cured them. In cerebro-spinal meningitis an operation is not indicated, as the inflammation and effusion is general. The cases most favorable for operation are from traumatism and extension from aural troubles."

Dr. Pelton.—"Do not believe that the germ is the cause of all meningeal inflammations. If there is a specific germ, why do we have meningeal irritation in pneumonia and typhoid fever, or is the pneumococcus and the typhoid bacillus capable of producing or exciting meningitis as well as the disease which they represent? I don't believe an operation justifiable in acute meningitis. In hydrocephalus and effusion into the ventricles, to relieve pressure an operation would be perfectly justifiable."

Dr. Daugherty, of Junction City, then read a paper on "Epithelioma and Its Treatment," reporting several cases. He advocated radical measures. Permanent removal of these growths means complete extirpation by means of the knife; nothing succeeds half so well, notwithstanding the loud boastings of the "Actina man."

Dr. Sheldon.—"I believe that the question of heredity plays an important role. A predisposition of the want of resistance is most surely inherited from parent to child. On these grounds, then, I believe they are infectious to those persons who lack this power of resistance to withstand the encroachments of the disease."

Dr. Ward.—"Do not believe that we can say that all carcinomas of the cervix are due to lacerations. If such were the case, preg-

nancy would have another dread horror added to its category."

Dr. D. C. Jones.—"The early operation in these cases gives the best assurance of success."

Dr. Halley.—"We regard tuberculosis as infectious and not a heredity. The older pathologists did not so regard it, because of the peculiar cachexia. I believe carcinomas will be considered within the next ten years infectious and not hereditary. They are auto-inoculable. Have had gratifying results with the injection of pyoktanin treatment."

Dr. Reynolds.—"My experience has led me to believe that the carcinoma is primarily a local disease, and if complete excision be practiced then, the tumor will not return."

Dr. Daugherty, in closing, said: "Cancer of the breast should be entirely removed, with all of the diseased tissue and axillary glands. This may not prevent its return, but should it show itself again I would remove it again. Neither paste nor electricity does any good. Some writers say that carcinoma of the uterus never appears except in a woman who has been pregnant. I do not believe this, but I do believe it never occurs except where there has been an irritation."

The last two papers read were "Electricity as a Therapeutic Agent," by Dr. Joseph Haigh, and "Cephalhæmatoma, with report of a case," by Dr. O. D. Walker, of Lawrence, both interesting and instructive papers, but time was not allowed for discussion, much to everyone's regret. (See Dr. Walker's report in this number of the JOURNAL.)

The Topeka Academy of Medicine and Surgery, headed by Drs. Munn, McVey and O'Brien, led the way to Long's cafe, where an elegant banquet was enjoyed. A table too long to measure, groaning with the daintiest viands and tropical fruits was surrounded, and Dr. Munn at the head as toastmaster. Fines flew thick and fast, and were collected. Drs. Minney, Mitchell, Schenck, Lanphear, Sheldon, McVey, Powell, Halley, Peers, Lindsay and Magee responding to toasts. It was long past one o'clock when we separated, with a feeling of fullness, physically and mentally.

The East Kansas Medical Society will meet in Topeka in July.

R. S. MAGEE, M.D., *Secretary.*

The joint meeting proved such a remarkable success, on motion of Dr. Daugherty it was agreed that both societies meet in joint session in Junction City in October.

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## Kansas State Medical Society.

The meeting of the Kansas State Medical Society held at Ft. Scott May 4, was called to order by Dr. Aikman at eight o'clock P.M.

After an invocation by the Rev. W. C. Porter, D.D., Judge W. P. Dillard delivered the address of welcome.

"*Mr. President, and Gentlemen of the Medical Profession.*—

"Although I am an uninvited and merely a substituted speaker upon this occasion, I must confess that I take peculiar pleasure in the performance of the duty deputed to me by Mayor Glunz of saying to the Kansas State Medical Society a few brief words of welcome to our city.

"The son of a man, who for forty-five years, upon horse-back, in a mountainous country, practiced medicine, I have by education and training the most profound veneration and respect for your noble and learned profession.

"In fact, I once had very serious intentions of trying to become a doctor myself. You will all remember the words of the noble lord sent by King Henry IV to demand his prisoners of the gallant young Percy in his discourse upon the profession of arms, when he declared 'that but for those vile guns he would himself have been a soldier.' And so I might say that but for my fear of contagious diseases and the want of the required brains, as my father expressed it, I myself would have been a doctor.

"And yet, Mr. President, I scarcely know with what words to express to you our pleasure at your coming, or how to tell you that we desire to make your visit as enjoyable to you as we know it will be profitable to us.

"I would tell you that if there be in Fort Scott an elephant, you should before you returned to your homes see it; but I am afraid some of you would at once declare that you now had one before you.

"I might say to you that during your stay here the town is yours, but perhaps some of you would not care to own a city so grievously burdened and encumbered as ours is with a police commission.

"To those of you who are convivially inclined I might speak of places in which you could aid and abet in the violation of certain statutes of the state in such cases made and provided, but I am the city attorney and am presumed to know nothing of such things and places.

"To those of you who need and are yet not familiar with the treatment, I might speak of the Keeley Institute we have among us and describe the political effects it has upon its graduates, but the subject has become thread-bare in this community in the hands of certain aspiring politicians and the Women's Christian Temperance Union.

"I might comment upon the fact which is in itself a distinction that some member of your calling is generally about the first person to testify to the advent of an immigrant into this world and about the last person to witness the exit of the emigrant from it, but I have no desire to recall to any of you unpleasant recollections of uncollected witness fees.

"From his cradle to his grave, in all his spells and spasms, in all his pukings and purgings, in his chills and in his fevers, the doctor is the friend and companion of man, ever as ready to make prescriptions for as charges against him.

"I might perpetrate upon you the miserable chestnut I read in *Puck* the other week and speak of how quietly and easily some members of the profession take life and appear to enjoy it, but the laymen present would misconstrue my words and give to them a meaning entirely different from that which I intended.

"And lastly, if I could agree with the sentiments expressed by that hard-hearted and still harder-headed old Tom Carlyle, or could think that it would in any degree interest any of you, I might repeat that half-earnest and half-jesting address of his to a society similar to your own, in which, among other things, he says:

"'Oh, my brother, be not a quack. If in the phrensy of this modern locomotion any man be overtaken with the mishap of a broken leg, chirurgeon-wise bind the twain splints in apposition and let nature do its work, hindering it not. But if any weary, heart-sore son of Adam, like the crowned Hezekiah, turn himself to the wall, disturb thou not his departing agonies with thy wretched ointments and gallipots that stinketh; for that man is weary of this terrene, and bethinks himself that he will fly away and be at rest in another and far-off country; like the eagle, he is on his way to the mountains, and you, with your bread pills and pot-bellied vessels of colored water, do but hinder him in his flight thither.'

"But no, Mr, President; while we can laugh at this satire and love its quaintness of expression as we do everything else which has come down to us from the master mind of that Titanic old Scotchman, we know that all just and fair-minded men must place a far higher and grander estimate upon the boundless benefits and blessings which your craft has conferred in all ages of the past and will confer to all times of the future upon the human race.

"And while it may be true that we cannot say of medicine as we do of the law that it is an exact science, while we may admit that quacks, like tricks, are found in all trades, and fools rush in where angels fear to tread, we do affirm and maintain that no calling known among men, that no profession which requires the exercise of the human intellect, has better won or more worthily wears its honors and distinctions than the one, Mr. President, of which you and your associates to-night are honored members.

"Led on in the dim distance by the venerable form and flowing beard of the old physician of Cos, from step to step and through age to age, the healing art has advanced from the pitiful place of a green guess at

truth to the proud position of a science as well defined as that of Galileo or Bacon, and to an intellectual eminence equal to that of Newton and La Place.

"And when we think of the wonderful progress it has made, when we contemplate those grand discoveries of Harvey and Jenner in earlier and Pasteur and Koch in later times which have immortalized their names, we can comprehend and appreciate in all its significance the meaning of your motto, the grandest which was ever adopted by any body of men: *Quæ Prosunt Omnibus.*

"In fact, Mr. President, I can conceive of no career, unless it be that of the minister of the gospel, at all comparable to the life of a physician when worthily lived, for his daily walk is crowded with acts of benevolence and his nightly sleep is broken that others may have better rest.

" 'At his approach complaint grows mild,
And when his hand unbars the shutter,
The clammy lips of fever smile
That welcome which they cannot utter.'

"And when from the sick room all earthly hope has gone, when there is nothing left but to stand by the side of some loved one and silently and fearfully wait the dread hour of death, when to the most unpracticed eye the evening primroses have opened and the night is close at hand, this man, the doctor, is there with ready hand, to scatter over the dying couch the poppies of delicious rest.

"The skill and ingenuity of the lawyer who makes a great defense of some criminal upon trial for his life find praise in the mouths of all men; the man who saves the life of another by snatching him from some impending death becomes a hero, and in due time has his monument and his reward; but who commemorates the daily battle of the average doctor with disease and death, or knows the difficulty and danger to be encountered and the skill and bravery to be exhibited in the unequal strife? Who can consider the desperate struggle waged at the bed-side of the dying Garfield and fail to realize that in the defense of his life there was exhibited by his noble corps of physicians all the energy and skill of a Napoleon Bonaparte and all the dogged courage and persistent resistance of a Duke of Wellington?

"And to do justice to Dr. Bliss and his associates in their conduct of that case, or to the average doctor in his daily efforts of a similar character, a speaker would have to possess all the attributes ascribed by Quintilian to Xenophon, when he declared that the Graces dictated the language of that great man, and that the Goddess of Persuation dwelt upon his lips.

"For wherever there is sickness and sorrow, wherever there is disease and death, whether it be in the hovel of want or in the home of wealth, whether it be in the palace of the prince or in the pest-house of the pauper, the medical profession may be found, fighting these battles for human life and dispensing those things which profit all men.

"It has been suggested to me, Mr. President, that it would be very appropriate for me to attempt to give you some reminiscences of former meetings of your society, and I sincerely wish that I possessed the requisite familiarity with its history to do so. I am informed that nineteen years have passed away since Fort Scott had the pleasure of entertaining your body, and the changes which have taken place in that period are many and sad. Then ten members of your society resided in this city, but 'Death, the skeleton and time, the shadow,' have waived their withering hands over you as over all other classes of men, and six of that number, Drs. Baldwin, Barlow, Bender, Horton, Redfield and Sanger have gone to sit, we hope, at the feet of the Great Physician. Three, Drs. Cormany, Garwood and Hayes, have removed from among us, perhaps forgetting but not forgot, and Dr. Hepler, the genial gentleman and learned physician, alone remains. May he long be spared to us and to your councils.

"And now, gentlemen, hoping that your visit to us and to your professional brethren at this time may be so pleasant and profitable to you that you will come again next year and that there will not be one missing face among you, I bid you, and each of you, to Fort Scott, a cordial and a hearty welcome."

This was responded to by Dr. Minney, of Topeka.

The first thing on the regular program was the address of welcome by the president of the society, Dr. J. E. Oldham, of Wichita:

"*Ladies, Gentlemen, and Members of the Kansas State Medical Society.*—

"Custom has established the practice and our constitution makes it the duty of the president to deliver an address at the annual meeting. It is with a mingled feeling of pride, gratitude and weakness that I am before you to-day. Proud of the privilege of presiding over the deliberations of this intelligent and eminent body of physicians, grateful to you for the honor you have bestowed upon me, and here words fail me in expressing to you my gratitude, and weak when I contrast myself with the distinguished and eminent men who have filled this chair before me and to whose high professional standing and eminent character as citizens our organization owes much of its present prosperity.

"More than a quarter of a century has elapsed since this society was organized for specific purposes, chief of which was the upbuilding of the medical profession in Kansas.

"It is with a just feeling of pride and admiration that we allude to the fact that the organizers of it, men who in many instances endured the privations and vicissitudes of a frontier life, have kept pace with the advance and to-day are ornaments to the front rank of our profession, proving to us that far removed from metropolitan centers with their large and modernly-appointed hospitals, their great clinics and experienced and classic instructors, physicians and surgeons of merit are developed.

"Since the organization of this society, Kansas, as a community, has experienced the most wonderful advancement that the world has ever witnessed. The greater part of our now prosperous state was then uninhabited by white men. Within that time cities have been built, industries organized, and institutions of learning established in the various departments of science and in the professions, which compare favorably with like institutions in the older states. Living amongst this wonderfully enterprising population we have almost lost our identity and forgotten that as a profession we have taken part in raising our state to her present high position. Yet I believe that the medical profession has kept pace with this rapid progress.

"Since our last meeting another year with its trials, anxieties, disappointments, responsibilities, failures and successes have passed, and during that time the medical profession has been marching onward. Let us take a retrospect and see what we have done for the advancement of our profession, and if we have done nothing let us here and now renew our vows and increase our zeal and let the profession know that we are able and willing to contribute something for the great cause of progressive medicine.

"Progress is everywhere the watch-word. During the last few decades science has been especially busy, and along her highways lie the results of her iconoclastic work. Behold her! With but a handful of sand she constructs a lens with which we are enabled to measure the starry depths and calculate the magnitude of the heavenly bodies; with but a pinch of the same material she moulds a microscopic objective, by the powers of which we study and classify the most delicate structures—even invade the realms of micro-organisms and there study the germs of life and of death.

"Knowledge is not acquired by volumes. It is but fragmentary, and by uniting and fitting these fragments great scientific truths are evolved. There are those who by their nature and their work are destined to increase the sum of human knowledge, and these, urged on by no selfish motive, actuated by no mercenary ambition, with no hope of other reward than ultimate success, they toil on, and not discouraged by unfriendly criticisms, not daunted by repeated failures, they pursue a clue which to others is not perceptible, until at last it broadens and leads them into the sunlight of scientific truth.

"It has been said that our profession is not a science, but when we view the progress

made during the last half century in physiology and pathology, it to us has the appearances and characteristics of a true science. While no one can do all things, each can do something, and the practical man can accumulate facts which the scientist will elaborate into general principles, thereby each assisting the other in harmonizing physiology and pathology. For the time has passed when disease is regarded as an entity, but rather normal action governed by an abnormal stimulus.

"The versatile and brilliant Dr. Samuel Johnson once said 'The opinions prevalent in one age as truths above the reach of controversy are confuted and rejected in another, and rise again to reception in remoter times.' This seems to be peculiarly applicable to the science of medicine as demonstrated to us in the use of mercury. At one time regarded as the king of therapeutic agents, later falling into undeserved disuse through the malicious attacks of the various 'isms' and 'pathies' as well as many eminent men in the regular profession, but more recently the crucial test of science supported by experience stamp it as a remedy without a peer both as a preventive and curative agent.

"Our science has been called a comprehensive one because we draw our resources from every recess of nature, from the depths of the sea and the bowels of the earth, from the mountain top and the valley, from the animal and vegetable world, from the air and water, and from that subtlest of all forces, electricity. From these illimitable and inexhaustible sources our knowledge is ever increasing. Yet all that comes to us in books is not knowledge, for one of the evils of the present is the multitude of books and periodicals with which the medical profession is flooded. Ambitious authors, working for notoriety and self aggrandizement, mercenary editors and publishers who from selfish motives vigorously push their books and journals upon the profession until it is a serious question for the general practitioner to decide which to accept and which to reject. By this we are reminded of that great aphorism of Lord Bacon's in which he says 'Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.'

"In the organization of the American Medical Association, now almost a half century ago, chief among its aims was the elevation of the standard of medical education, and while many earnest men have labored zealously to secure this, it is only within the past few years through the ruling of the Association of American Medical Colleges that decisive steps have been taken in this direction. And while this has been the theme of many able addresses and the subject of many animated discussions, it is of as much, I may say more, importance to-day than ever before. For as our science broadens and becomes more comprehensive the educational requirements correspondingly increase.

"The time when a physician whose library consists of a half-dozen musty volumes and whose therapeutic resources are limited to crude drugs can practice his profession satisfactorily is past, and to-day he must not only be familiar with the advances in physiology and pathology, but he must heed the elegancies of pharmacy. By elevating the standard of medical education we attract to our ranks the best thought and the highest grade of intellectual culture; we limit the annual number of graduates and prevent the overcrowding which drives so many into dishonest and disreputable practices.

"Hundreds in our profession of meagre attainments and elastic consciences become charlatans and advertisers; men who are an odium to the profession and an incubus upon the institution which graduated them are so for having failed in the regular profession. The only remedy at our command is the elevation of the standard of medical education.

"The better classed colleges may associate themselves, may establish a standard by which they are to be governed, but this will not be effectual unless indorsed by the profession at large, and every physician and every medical organization should heartily co-operate in this work.

"The question how are we to assist in

maintaining an established standard of medical education may arise. I will attempt an answer. The common practice of accepting as students and extending office privileges to whomever applies to you for such is a most pernicious one and should be abandoned. We are the 'guardians of the outer door of the temple,' and we should carefully examine those who 'knock for admission' and see that no unfit material is offered to the builders to be used in the superstructure of the medical profession. For once within the outer door and armed with your indorsement as a preceptor, some medical college will be found that will confer upon them the degree of doctor of medicine. In the past the physician was given rank and prestige on account of his profession and his superior knowledge, and to establish this we need not search the record of ancient medicine nor scan the pages of ancient history; need not advert to a time beyond the memory of many of our oldest practitioners. But that we as a profession have lost much of this prestige is apparent to all. Why is this true? In the past those who contemplated the study of medicine and who could not have the advantages of a collegiate or academic education were given special courses of preparatory instruction, thereby placing them above the masses in education and intelligence.

"Under the beneficent system of public schools the standard of general intelligence is raised, and by the low standard of medical education, which has placed it within the reach of all, the profession is degraded, and if we would reclaim our honored and exalted position we must elevate our standard which alone will commend it to the highest grade of intelligence. While much may be done by carefully guarding the portals, much more remains to be accomplished by those who have entered the profession.

"It is impossible by medical legislation to correct evils arising from disreputable and dishonest practices of those already in the profession, but as the physicians of one generation materially aid in forming the character and directing the professional career of their successors, let us see that our influence is not misdirected. The same principles which secure success in other callings, viz., perseverance, promptness, patience and pluck, will bring success to us. Practicing amidst a population many of whom understand the common principles of practice and in many instances have carried them out without consulting a physician, it is evident that for him to take rank either professionally or in the community in which he lives requires arduous labor, careful research and professional observation.

"The obligations of physicians to the public is a much vexed and a very unsettled question, and while true charity is always commendable, the custom of extending to state, county and city our services without a just compensation is wrong.

"When the professional services of an attorney is demanded by the public his ability to perform that work is not only considered, but he is honorably compensated for his labors. When the physician is required to perform like professional services the question of qualifications or special fitness seem never to be considered, and the one whose services may be secured for the least compensation is employed. I maintain that it requires a high order of professional attainments to efficiently perform the duties of health officer of a city. It requires more time, more study and more ability than is required of a city attorney; yet, where the one is cut off with a pittance, the other is well compensated; and where the city or county physician or a member of a board of health fails in the performance of his duties the responsibility does not rest upon him alone, but is a reflection upon the profession. Make these positions respectable by demanding from the public a fair remuneration for the services.

"An interesting and significant comparison is seen in the state board of railroad commissioners and the state board of health. Our state legislature of 1883 created the board of railroad commissioners, and provided that the pay of each commissioner should be $3,000 per annum. The succeeding legislature of 1885 instituted a state board of health, and provided that they

should receive nothing for their services. The simile may be carried throughout the public service, and invariably the custom is to pay liberally for all services except the physician's, even down to the humblest tax-gatherer, who, to fill the yawning coffers of the public treasury and increase the emoluments of the public servants, other than physicians, would sell the covering from your couches. These evils can only be corrected by the uncompromising and dignified attitude of the medical profession in demanding a fair remuneration for services rendered the public.

"I desire to call your attention to the meeting of the Pan-American Medical Congress. The benefits of a congress of the physicians of the various American countries cannot be overestimated, and I would recommend that such action be taken at this meeting as will insure our state medical society a proper representation in that congress. The circular of information issued by the committee on permanent organization is in the hands of our secretary.

"Allow me to urge upon you the necessity of not only giving your influence for the elevation of the standard of medical education, but also upholding the dignity and sustaining the honor of your profession. I trust that our meeting may be harmonious and that a spirit of amity and good feeling will prevail. Let not selfish motives but the best interests of the Kansas State Medical Society govern us, and let us inscribe as our motto 'Unity, harmony, strength, success.'"

Report of the committee on publication consisting of Drs. Guibor, Tiffany and McVey was received.

A vote on the amendment to the constitution introduced by Dr. Guibor at the last meeting was taken and the amendment adopted.

The request of Dr. Shastid for withdrawal card was granted.

The following committees were appointed:

Auditing, Drs. Wall, Priest and Ketchersid.

Necrology, Drs. King, Fryer and Daugherty.

Society adjourned to meet at 9 A. M. Thursday.

## South Kansas Medical Society.

Minutes of meeting of South Kansas Medical Society, held in council chamber, city building, Wichita, Kansas, May 3, 1892.

Meeting called to order at 10:30 A. M. by president L. S. Hall.

Roll-call found the following members present, viz.: Drs. Allen, Axtell, Brehm, Cornwall, Cave, Cloud, Day, Emerson, Everett, Furley, Fabrique, Furst, Fulton, Hall, Haskins, Hoffman, Justice, Kirkwood, McAdams, Mekemson, McClees, McClintock, Minney, Oldham, Peak, Purdue, Runion, Stevens, Shelley, P. D. St. John, Tucker and Whittecar.

Minutes of last meeting read and approved.

Committee of arrangements made no report.

President appointed Drs. McAdams, Furst and Cloud as board of censors for present meeting.

Applications for membership were made by Dr. W. S. Lindsay, of Topeka, graduate of college of physicians and surgeons, Keokuk, Iowa, class of 1874; Dr. J. M. Hamme, of Cottonwood Falls, graduate of University of Penn., class of 1889; Dr. W. E. McVey, of Topeka, graduate of Kansas City Medical College, class of 1888; Dr. J. L. Hays, of Wichita, graduate of Rush Medical College, class of 1871.

Board of censors report favorably on all applications and society instructs secretary to cast ballot electing all applicants to membership.

Motion by Dr. Furley "that the privilege of the floor be granted to all visiting physicians, and that they are hereby invited to participate in the discussions of papers." Carried.

Secretary's report shows the following statistics of the society since its organization on October 1, 1879: Total membership to date, 229; suspensions to date for nonpayment of dues, 81; expulsions, 1; reinstated, 5; deaths, so far as known, 9; withdrawals, 3; members now on roll, 140; members liable to suspension for non-

payment of dues, 32; members in good standing, 104.

Secretary reports finding names on list of honorary members who have never been elected to such place, and asked for permission to correct such list.

Motion to instruct secretary to correct list of honorary members carried.

The honorary members of the society are Drs. Geo. Halley, S. E. Lanphear, J. W. Jackson (deceased), J. W. Elston, A. L. Fulton, J. H. Van Eman, Wm. C. Tyree, F. B. Tiffany, Kansas City, Mo.; T. J. Miller, Cambridge, Ohio; J. E. Minney, Topeka, Kas.; A. G. Huffman (deceased), Peabody, Kas.; C. Perry, Winfield, Kas.; M. B. Ward, M. O'Brien, Topeka, Kas.

Secretary made statement as to why he had not carried out the instructions of the society given him at its last meeting relating to the suspension of members for non-payment of dues, and asked that more time be granted the delinquents in which to put themselves in good standing with the society.

Motion to instruct secretary to withhold all suspensions of members for non-payment of dues till November meeting, 1892, and in the meantime to make every reasonable effort to settle with such delinquents. Carried.

The death of Dr. G. M. Bibbee, formerly of Wichita, but late of Chicago, was reported by secretary. President Hall appointed Drs. Shelly, Fabrique and Purdue as committee on necrology, to report on death of Dr. Bibbee at next meeting.

Resolution by Dr. A. S. Cloud to change Article IV of the constitution to read as follows:

*Resolved*, That Article IV of the constitution be changed to read as follows, viz.: "The stated meetings of this society shall be held on the first Tuesday in May and the third Tuesday in November of each year, at some established central place."

Resolution laid over till next meeting.

The program being reached, the following papers were presented:

1. Medical Jurisprudence, by Dr. O. L. Peak. Discussed by Drs. Minney, Fulton, Lindsay, and author.

2. Summer Diarrhœas of Infants, by Dr. Mary Gage Day. Discussed by Drs. Furst, Cloud, Stephens, Brehm, Peak, and closed by author.

3. Suppurative Meningitis Treated by Irrigation, by Dr. J. C. McClintock. Discussed by Drs. Lindsay, McVey, Purdue, Minney and McClintock.

4. Management of Placenta Prævia, by S. H. Brehm. Discussed by Drs. Axtell, Furley, Minney, Holcomb, Allen, Cloud, Oldham, Ward, and author.

5. Differentiation between Acute and Chronic Alcoholism, by W. S. Lindsay. Discussed by Drs. Minney, Furley and Lindsay.

6. Report of case, by Dr. J. M. Hamme, asking for diagnosis.

7. Volunteer paper, by Dr. J. L. Hays, of Wichita, on glaucoma. Discussed by Drs. Axtell, Minney, and author.

8. Volunteer paper, by Dr. C. M. Holcomb, on "A Case of Intestinal Obstruction, with Double Operation and Recovery." Discussed by Drs. McClintock, Ward and Fulton.

All papers were referred to committee on publication, and the discussions of the various papers will appear in connection with the articles in the KANSAS MEDICAL JOURNAL.

Newton was selected as next place of meeting.

Resolution introduced thanking the mayor, council and chairman of building committee for the use of the council chamber. Unanimously carried.

Adjourned to meet in Newton, Kas., on the third Tuesday of November, 1892.

O. B. WHITTECAR, *Secretary*.

## Treating Disease by Legislation.

A resolution has been introduced in the senate to empower the president to appoint three commissioners, two of whom shall be physicians, to select a location for a national sanitarium for the treatment of tuberculosis. It is to be located in one of the territories of the United States and upon unoccupied land. The commission is to report within six months.

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TOPEKA, KANSAS, JUNE, 1892.


## A New Substitute for Capital Punishment, and Means for Preventing the Propigation of Criminals.

Dr. Hammond seeks to prove that both imprisonment and capital punishment are wrong in principle and fail of desired results.

The thought of the highest civilization is not vengeance, but protection and reform.

While the criminal is confined society is protected, but few criminals are reformed, and whether returned to society through the expiration of his term or through a pardon, he rarely becomes a useful member of society, and usually returns to crime.

The death penalty stops the crimes of the dead man, but does not arrest the commission of crime. Nations and states that have abolished the death penalty have not suffered from increase of crime, nor has it been thereby materially diminished. Imprisonment for life has its advantages and disadvantages. While it may reform the imprisoned, society is not benefitted by the reformation. It is expensive, and escape or pardon may return the criminal to his crimes. The doctor considers the idea of castration more terrible to the criminal than any other punishment, and hence more apt to prevent the commission of crime, while the castrated may become productive members of society and are prevented from reproducing their species. He believes it will so change their natures that from reckless, blood-thirsty brutes they will be transformed into docile and gentle citizens. In proof of his hypothesis he cites various instances of such transformations among brutes, and the well-known mildness of the ox and the gelding compared with bulls and stallions. He also recommends it as a cure for drunkennes—castration *versus* gold cure—and says that while the mind is notably affected by the operation, eunichs have become distinguished as statesmen and scholars.

While much may be said against the doctor's idea, while many crimes against society are generated in lust, and as much of the criminal force in man springs from an ungoverned animalism, it may be well commended as a proper punishment for this class of criminals, and from its results in such cases a broader generalization may obtain.

But we do not anticipate any immediate results from the doctor's ideas, as the average politician will be slow to adopt them.

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DR. W. D. BIDWELL, of the JOURNAL staff, has in a measure recovered from an attack of pleuro-pneumonia. He is necessitated to change his location. Climate and food we feel sure will restore him to health.

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DR. J. C. MCCLINTOCK and wife sailed for Europe on the City of Berlin May 11. They will return August 1, 1892.

IT IS said "that placenta prævia is more common the first five years of practice, and ruptures of the perineum scarcest.

"That every brilliant operation is due to our skill and treatment, while every dead one is due to bad ventilation, bacilli and Providence.

"That every sore throat cured by us was a diphtheria, and every diphtheria of our rival was follicular tonsillitis.

"That pathology, histology, etc., are important accessories to the medical knowledge, but a knowledge of how and why the buggy is broken will not mend the buggy. See?"—*Argonaut.*

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## Blackening of the Teeth by Antipyrine.

The *Southern Dental Journal* says that the internal use of antipyrine blackens the teeth. The blackening is the more intense, the more imperfect the enamel, but may be removed by attrition with dilute acid.

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LET Kansas be fully represented at Detroit in June. The way is made easy through the interest taken by the Chicago, Rock Island & Pacific Railway, by whose efforts excursion rates have been secured to all territory west of the Mississippi river. As the road is as good as the best, we cordially commend it to all delegates. The rates will be one and one-third, certificate plan.

The rate for sleepers is $2.50 for double berth, Kansas City to Chicago. It is a daylight run from Chicago to Detroit. A special sleeper will be put on the Rock Island limited, leaving Kansas City 6:20 P. M. June 5.

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QUININE HYPODERMICALLY.—Call it destroying malaria, killing germs, or giving tone to the trophic nerves, in periodic diseases where the stomach will not retain medicines, you may anticipate the periodic action by hypodermic injections of quinine, and cure the patient.

COUNTER PRESCRIBING.—An unfortunate case has occurred in Detroit where a druggist prescribed in a case of diphtheria. The case was never diagnosticated as such, and the patient died. The coroner's jury has very properly directed the attention of the prosecuting attorney to the case.

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GO TO the meeting of the American Medical Association at Detroit, Mich., June 7, 1892. Through request of the JOURNAL all the chief railroads controlled by the Trans-Missouri Passenger Association have agreed to carry delegates and their wives, on certificate plan, as far as St. Louis, Peoria and Chicago for one fare and one-third round trip.

The secretary of the association succeeded in obtaining, for the first time in its history, from roads east of the Mississippi, the same terms given to nearly every other organization, for whatever purpose, one fare round trip, but from some cause failed to obtain any terms west of the Mississippi.

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THE Association of the Military Surgeons of the National Guard of the United States convened in St. Louis April 19. There were present medical officers of the National Guards from the different states of the Union and of the United States army.

One of the most interesting features of the program was an exhibition of the field hospital appliances of the United States army, and a drill of the hospital corps by Major Hoff, of the United States army. A number of interesting papers were presented, and some excellent clinical work was given by Dr. N. Senn. Washington was selected as the place of meeting for next year.

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IDIOSYNCRACY cannot be too carefully considered, especially in the administration of anæsthetics. Cocoaine, locally, is considered practically harmless, yet many cases are reported where fatal results have obtained. In the January number of *La Medicine Contemporaire*, M. Terrier reports a

case where thirty-eight centigrammes of the salt, injected into the sac of a hydrocele and soon after withdrawn, was followed in an hour by extreme paleness of the face, dilitation of the pupils, foaming of the mouth, general convulsions and fatal syncope.

In our own experience, seven and one-half grains of chloral, to a vigorous woman of thirty, repeated in an hour, gave anxious hours of unintermitting artificial respiration.

In the case of another woman where chloroform had been satisfactorily administered many times for hysterical convulsions, respiration suddenly ceased and was with difficulty restored.

We all know enough of the action of such drugs to know that too much care cannot be exercised in their administration.

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DR. ALEXANDER was called to Ironton, Ohio, last month to see Mr. Frank Willard's mother, who was seriously ill. She is improving nicely. We are pleased to furnish Ohio at any time with a good physician in an emergency.

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DR. J. R. BROWN, of Crestline, has removed to Baxter Springs, Kansas.

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IF YOU are going to the meeting of the American Medical Association at Detroit, we would call your attention to the fact that the A. T. & S. F. Railroad will carry you to Chicago for one and one-third fares. This line is thirty miles shorter than any other. Its vestibuled trains are unsurpassed for beauty and comfort, and their depot in Chicago is nicely located for reaching the business district and hotels.

Be sure to get a receipt for one full fare from the agent of whom you buy your ticket; otherwise, you will be unable to secure the return rate.

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BANANOSE is the starch of the banana. It is nutritious and easily digested.

## Monthly Summary of Meteorological Observations.

Observing Station, Washburn College, Topeka, Kas.
Altitude, 1,000 ft. Longitude, 95.41. Latitude, 39.3.

APRIL.

| | |
|---|---|
| Mean temperature | 52.5 |
| Maximum temp | 82.8 on the 17th |
| Minimum temp | 23.0 on the 9th |
| Mean barometer | 29.957 |
| Lowest barometer | 29.19 on the 4th |
| Greatest range of daily temperature | 39.3 on the 6th |
| Least range of daily temperature | 5.6 on the 12th |
| Total precipitation in inches | 2.17 |
| Number of clear days | 2 |
| Number of fair days | 17 |
| Number of cloudy days | 11 |
| Number of days on which .01 inch precip. fell | 14 |

Prevailing direction of wind, south.

| | |
|---|---|
| Highest velocity of wind | 84 miles per hour on the 1st |
| Dates of frost | Light, 29th; killing, 6th, 9th and 15th |
| Normal temperature (14 years) | 54.7 |
| Average precipitation (15 years) | 2.72 |

T. B. JENNINGS, Observer, Signal Station,
Per F. S. DITTO, Signal Corps, U. S. Signal Service.

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## Report of Topeka Board of Health.

(Population 32,000.)

CONTAGIOUS DISEASES REPORTED FOR APRIL.

| | |
|---|---|
| Scarlet fever | 5 |
| Diphtheria | 2 |
| Measles | 30 |

DEATHS.

| | |
|---|---|
| Malarial fever | 1 |
| Measles | 1 |
| Scarlet fever | 1 |
| Pneumonia | 2 |
| La grippe | 1 |
| Congestion of brain | 1 |
| Consumption | 1 |
| Asthma | 1 |
| Eclampsia | 1 |
| Marasmus | 1 |
| Children under 5 years of age | 4 |

L. M. CARTER, *Sanitary Sergeant.*

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THE North Kansas Medical Society will meet at Seneca, Kas., June 16. An interesting program has been prepared.

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THE Northeast Kansas Medical and Protective Association will meet at Whiting, June 21. Everybody invited to be on hand.

### Aborted the Usual Cordee.

One of our contributors lately told us of a case in which five grains of Antikamnia, taken at bed-time, aborted the usual cordee. On a subsequent night it returned slightly, but upon the patient's taking another five-grain powder it promptly left him.—*Editor Medical and Surgical Journal*, August, 1891.

### A New Preparation of Iron—A Specific for Anæmia.

Reynold W. Wilcox, M.A., M.D., professor of clinical medicine in the New York Post-Graduate School and Hospital, read a scholarly paper entitled "Anæmia, its Treatment with a New Preparation of Iron," before the section in general medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *New York Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron (Parke, Davis & Co.'s.)

The conclusions of Dr. Wilcox are:

In anæmia iron is by far the best remedy.

Of all preparations the tincture of iron chloride is the most valuable.

The official tincture is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's Syrup of Chloride of Iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

### For Sale.

An Electro-Static Machine, with six 25-inch Revolving Plates and four 28-inch Stationary Plates, sixteen Electrodes, Insolated Stool, six Leyden Jars (three sizes), and Hand Motor Appliance. Cost when new, $1,200. Will sell very cheap.

Write to S. L. SEABROOK, Topeka, Kas.

### Announcement.—Important New Text-Book.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By Wm. Hale White, M.D., F.R.C.P., etc., physician to, and lecturer on materia medica at, Guy's Hospital; examiner in materia medica Royal College of Physicians and Royal College of Surgeons, etc. American copyright edition edited by Reynold W. Wilcox, M.A., M.D., professor of clinical medicine at the New York Post-Graduate Medical School and Hospital, assistant visiting physician Bellevue Hospital, etc. To be printed in one compact, handy volume.

P. BLAKISTON, SON & Co., Philadelphia.

EDITOR KANSAS MEDICAL JOURNAL, Topeka:

*Dear Sir.*—We take the liberty of mailing you to-day a Lithograph Cerebral Localization according to Messrs. Horsley, Beever & Schafer.

Should it be your pleasure, we would like to have you inform the profession through your valuable JOURNAL that we will mail copy to physicians free of charge on application. With best wishes,

Sincerely yours,

DIOS CHEMICAL CO.

DIAGNOSIS AND TREATMENT OF EYE DISEASES, by Casey A. Wood, C.M., M.D., of Chicago, a book of 150 pages, published by George S. Davis, of Detroit, Michigan, has just been received.

It is adapted to the purpose for which it is published, viz., "to aid the practitioner to detect and treat, by means always at hand, those diseases of the eye which experience has shown are most frequently overlooked in the course of general practice." This treatise fills in a niche heretofore overlooked in the main, and will be thankfully received by specialists as well as students and general practitioners.